## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#711206**

FILED Apr 30, 2006 Secretary of State

Entity Name: PLATINUM COAST AMATEUR RADIO SOCIETY, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
PO BOX 19 MELBOUR	004 RNE, FL 32901	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P O BOX 1 MELBOUR	1004 RNE, FL 32901	1004 US				
FEI Number:	: 59-1842317	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
3335 GRÉ	TIMOTHY J ENVILLE ST EL 329263704	US				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF						
	Electron	ic Signature of Registered Aલ્	gent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD ()	Delete	Title:	( ) Change ( ) Addition		
Name: Address:	HEISE, JAN À 2471 STRATFO	RD POINTE DRIVE JRNE, FL 329048056 US	Name: Address: City-St-Zip:	()Change()Addition		
Ntame: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HEISE, JAN À 2471 STRATFO WEST MELBOL VPD () HENDRICKSON 328 CINNAMON	RD POINTE DRIVE JRNE, FL 329048056 US Delete I, KENNETH J	Name: Address:	( ) Change ( ) Addition		
Name: Address: City-St-Zip: Title: Name: Address:	HEISE, JAN À 2471 STRATFO WEST MELBOL VPD () HENDRICKSON 328 CINNAMON MELBOURNE, F	RD POINTE DRIVE JRNE, FL 329048056 US  Delete I, KENNETH J I LAKE CIRCLE FL 329018513 US  Delete RTIS V / DR	Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	HEISE, JAN À 2471 STRATFO WEST MELBOL  VPD ( ) HENDRICKSON 328 CINNAMON MELBOURNE, F  SD ( ) LOCHMAN, CUF 3197 FAIRVIEW MELBOURNE, F	RD POINTE DRIVE JRNE, FL 329048056 US  Delete , KENNETH J I LAKE CIRCLE FL 329018513 US  Delete RTIS V / DR FL 32935 US  Delete FERY L	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  SD (X) Change ( ) Addition  MOORE, NANCY W  1099 BLAU CT NW		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	HEISE, JAN À 2471 STRATFO WEST MELBOL  VPD () HENDRICKSON 328 CINNAMON MELBOURNE, F  SD () LOCHMAN, CUF 3197 FAIRVIEW MELBOURNE, F  D () HILDRETH, JEF 660 DENISE DE MELBOURNE, F	RD POINTE DRIVE JRNE, FL 329048056 US  Delete I, KENNETH J I LAKE CIRCLE FL 329018513 US  Delete RTIS V / DR FL 32935 US  Delete FERY L R FL 32925 US  Delete THY J LLE ST	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  SD (X) Change ( ) Addition  MOORE, NANCY W 1099 BLAU CT NW PALM BAY, FL 32907 US		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN A HEISE PD 04/30/2006